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Bib Data Sheet

CONFIRMATION NO. 5261

SERIAL NUMBER 10/701,238	FILING OR 371(c) DATE 11/04/2003 RULE	CLASS 709	GROUP ART UNIT 2451	ATTORNEY DOCKET NO. AMDP772US
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APPLICANTS

Kishore Karighattam, Austin, TX;
 Prasad P. Padiyar, Austin, TX;
 Harish Vasudeva, Austin, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/20/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
TX	26	21	3

ADDRESS

90237

TITLE

PARTIAL COALESCING OF TRANSMIT BUFFERS

FILING FEE RECEIVED 788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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